

Membership Application

Rio Rancho Regional Chamber of Commerce
Attn: Member Services
4001 Southern Blvd SE | Suite B | Rio Rancho, NM 87124-2069
Phone: 505.892.1533 | Fax: 505.892.6157 | www.rrcc.org



Office Use Only	
Membership #:	Parent Company ID#

App. Date:	Dues Calculation:

Company/Organization Name: _____

Main Telephone: _____ Fax: _____

Company Email address: _____

Web Address: _____

Number of Permanent Full-time Employees: _____ Part-time: _____

Facebook: _____ Twitter: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Primary Member: Mr. Ms. Dr. Mrs.

First Name: _____ Last Name: _____

Cell Phone: _____ Contact E-mail Address: _____

Title: _____

Business Category Primary: _____ Secondary: _____
(Business Categories are listed on the Chamber's Website or ask your Chamber representative for a list of categories)

Billing Information: Mr. Ms. Dr. Mrs.

First Name: _____ Last Name: _____

Cell Phone: _____ Contact E-mail Address: _____

Billing Address: _____ City _____ St _____ Zip _____

Membership Tier Level:	_____
Annual Dues:	\$ _____
Application Fee (First Year Only):	\$ _____ 50.00 _____
Paid in Full Total	\$ _____
EFT Down Payment	\$ _____
Monthly Payment	\$ _____
Total Dues:	\$ _____
<small>* 2.5 % fee for all credit card transactions added</small>	
For Office Use Only	
Received date	_____
Entered date	_____
New member package mailed	_____
New member package delivered	_____

Benefits	
_____	Leadership Sandoval County
_____	Annual Dinner & Dance
_____	LSC Golf Tournament
_____	Non-profit Alliance Committee (NAC)
_____	Rio Rancho Day at Legislature
_____	Ribbon Cutting <small>(Prime level and above only)</small>
_____	Ambassadors
_____	Visionaries <small>(young professionals ages 21 – 40)</small>
_____	Website logo
_____	Advertising and Marketing Discounts
_____	Office Depot/Office Max Discount Card
_____	Defined Fitness Discount Program (~20% off)
_____	Constant Contact Discount Program (~20% off)

Additional Contacts:

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Terms & Conditions

- Memberships are held in the name of the business/firm.
 - One person (primary member) represents the firm, receives all mailings and may participate on committees.
 - The annual dues paid by each member include a subscription to the Chamber’s weekly email newsletter.
 - All memberships shall be continuous unless cancelled (A) in writing by the member, (B) by the Chamber for non-payment of dues, or (C) for non-compliance with Chamber policies.
 - Membership dues investment is non-refundable.
 - Membership in the Rio Rancho Regional Chamber of Commerce may be revoked according to the terms set forth in its bylaws.
 - The Chamber may send communications to the organizational e-mail, personal e-mail and fax number provided to keep you updated on business issues, events and networking opportunities.
 - By providing e-mail addresses and a fax number, you are stating you are authorized to and hereby consent for the company/organization to receive faxes and/or e-mails sent by or on behalf of the Rio Rancho Regional Chamber of Commerce.
 - If a member's dues shall become delinquent for a period of thirty (30) days, the delinquent member may no longer be in good standing and shall any benefits and rights included in the membership. If delinquent dues are not brought current within ten (10) days after a notice of delinquency, membership may be terminated by designated Chamber administrative staff and approval of Board of Directors.
 - Any member wishing to indicate on his/her business website that he/she is a member of the Chamber shall do so only with the consent of the Chamber. The Chamber reserves the right to revoke consent of the use of the business logo if it found to violate Chamber policies or bylaws or if the member is not in good standing.
 - Dues are for a period of one year from date of inception.
 - A 2.5% fee will be added to all credit card transactions made with the Chamber.
 - To receive non-profit rate, proof of IRS non-profit (501c3 or 501c6) status must be submitted. *
- *Exclusions apply including hospitals, medical facilities and governmental agencies

revised 2020

Applicant agrees to the above Terms and Conditions. Applicant agrees to pay the total membership dues owed.

Applicant Signature: _____ Chamber Representative: _____

Date: _____

For Internal Statistical Use Only
Annual Revenue

Less than \$100K _____
 \$100K – \$500K _____
 \$500K – \$1M _____
 \$1M – \$5M _____
 Over \$5M _____

For Internal Statistical Use Only
Company Info

Year Founded _____

Please Choose One, if Applicable:
 Home Based _____
 Sole Proprietor _____
 Woman Owned _____
 Minority Owned _____
 HQ in Sandoval _____
 HQ in Bernalillo _____
 HQ in New Mexico _____



Referrals

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____